MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

PRINTED MATERIA DURISE NAME NS 300 Rev. 4/59							N OF HEA	LTH - STAND)ARD	CERTII	FICATE O	F DEATH		16 6	3-040	057
State Stat	DO NOT WRITE		A	MENDED	· i	Regist	ration District No		mary Registr	ration Distri	d No. 100	Registrar's No	, 55	<u>力</u>	STATE FILE N	UMBER
Rev. 4/50 Common			_													
MOSPITAL OR INSTITUTION CENERAL Vest No ADDRESS 1414 E. 13th St. Vest No 14 ADDRESS 1414 E. 13th St. Vest No 14 ADDRESS 1414 E. 13th St. Vest No 15 ADDRESS 1414 E. 13th St. Vest No 15 ADDRESS 1414 E. 1414			崩	11								·	-		ackson -	
MOSPITAL OR INSTITUTION CENERAL Vest No ADDRESS 1414 E. 13th St. Vest No 14 ADDRESS 1414 E. 13th St. Vest No 14 ADDRESS 1414 E. 13th St. Vest No 15 ADDRESS 1414 E. 13th St. Vest No 15 ADDRESS 1414 E. 1414			VEN			В.	OR		ISHIP ONLY)			c. CITY OR TOWN	Kansas	City	***	
3 . SEX	1					- c.	FULL NAME OF UEN		ation)		Inside Limits	d. STREET	(1	f outside, g	ive location)	Reside on Farm
3 . SEX	2 3160	_	DATE				INSTITUTION	General Hosp	ital		Yes 🗷 No 🗆	ADDRESS	1414 E.	13th	St.	Yes No
HOWARD S. SEX A. COLOR BACE NO CONTINUED TO BEATH OF BIRTH OF ACT INTO DEEP 17 AT IT UNDER 22 HE TO THE PART IT UNDER 17 AT I		- i	_	7	7 I			First		Middle	-	Last	4. DATE	Mon	th Day	Year
S. SEX. A. COLOR OR RACE: A. Married New Married					i	(1)	rpe or print)	Howard				Morehead		Oct	oben 12	1042
Mag Document Doc	4 3					5. SE	×	6. COLOR OR RACE	7. Marr	ied 🖟 N	ever Married 🔀	~~	9. AGE (lass	birthday)	IF UNDER 1 YEAT	R IF UNDER 24 HR
10 10 10 10 10 10 10 10	5 /2						- 1						68 y	rs.	Months Days	Hours Min.
TO DE LOOK 132 FATHER'S NAME 135 MOTHER'S MAIDEN NAME 136 MOTHER'S MAIDEN NAME 14 NAME OF HUSBAND OR WIFE		ر,							10b. KIND	OF BUSIN	ESS OR INDUSTR	Y 11. BIRTHPLACE	(City and state of	r country)	12. CITIZEN OF	WHAT COUNTRY
Howard Morehead Annie Jackson NO 15. WAS DECASED EVER IN U.S. ARMED FORCES? I.S. WAS DECASED EVER IN U.S. ARMED FORCES. I.S. WAS DECASED EVER IN U.S. ARMED FORCES. I.S. WAS DECASED EVER IN U.S. ARMED FORCES. I.S. WAS DECASED EVER IN U.S. A	•	š		i I			Cook	, ine, even il leineu)	<u> </u>			\$alisbury	Missour	- (
15. WAS DECASED EVER IN U.S. ARMED FORCES? 14. Cornel Section Property (ves., no., or., or., or., or., or., or., or., o	70	∃				13a. FA	THER'S NAME		13	36. MOTHER	'S MAIDEN NAM	E	14.	NAME OF H	USBAND OR WIFE	
10 10 10 10 10 10 10 10	8 7	5		i I						An	nie Jacks	on				
10 10 10 10 10 10 10 10	٠ ــــــــــــــــــــــــــــــــــــ	٧V				(Yes, n	AS DECEASED EVER I o, or_unknown) (If y	res, give war or dates of			L		. Mitchal			
Image Imag	9434.1	~			_					. (b). and (s		777101 60				
White gave rise to shove cause (a) stating the under rise to stating the under rise to shove cause (a) stating the under rise to stating the under rise	10	- 1			끏		PART I.					0 43			Ō	NSET AND DEATH
White gave rise to shove cause (a) stating the under rise to stating the under rise to shove cause (a) stating the under rise to stating the under rise	11	岌	ᆼ	1 1				IMMEDIATE CAUSE (a)	ngesti	ve neart	_iallure				
White gave rise to shove cause (a) stating the under rise to stating the under rise to shove cause (a) stating the under rise to stating the under rise		Š	9		١ğ		eri desta	out on a but to	ıLı							
PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in lest 90 days. PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in lest 90 days. PART III. If discassed was female were there a pregnancy in lest 90 days.	1257-0	S	SE		'		which gas	ve rise to					•			
PART III. If deceased was female	13	Ξ	ŽΙ		_l I		nt poitate	ne under-	(a)							
AND THE STATE DESIGNATION OF LOCATION COUNTY STATE 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20c. TIME OF Hour Month, Day, Year INJURY (e.g., in or about home, larm, factory, street, office bldg., etc.) 20d. INJURY OCCURRED WHILE AT WORK Death occurred at		z	1	11	1 1	-				CONTRIR	UTING TO DEAT	H but not related	to the terminal	PART I	II. If deceased	was female was
TO STATE 20c. TIME OF Hour Month, Day, Year		1				ğ	PARI III	disease condition given	in PART I (•)	5111 (5 15 5 2711				there a pregna	ancy In last 90 days.
TO STATE 20c. TIME OF Hour Nonth, Day, Year 20c. PLACE OF INJURY (e.g., in or about home, part of the bidg., etc.) 20c. TIME OF Hour NORK 20c. PLACE OF INJURY (e.g., in or about home, part of the bidg., etc.) 20c. TIME OF Hour NORK 20c. PLACE OF INJURY (e.g., in or about home, part of the bidg., etc.) 20c. TIME OF Hour NORK 20c. PLACE OF INJURY (e.g., in or about home, part of the bidg., etc.) 20c. TIME OF Hour NORK 20c. PLACE OF INJURY (e.g., in or about home, part of the bidg., etc.) 20c. TIME OF Hour NORK 20c. PLACE OF INJURY (e.g., in or about home, part of the bidg., etc.) 20c. TIME OF Hour NORK 20c. PLACE OF INJURY (e.g., in or about home, part of the bidg., etc.) 20c. TIME OF HOUR NORK 20c. PLACE OF INJURY (e.g., in or about home, part of the bidg., etc.) 20c. TIME OF HOUR NORK 20c. PLACE OF INJURY (e.g., in or about home, part of the bidg., etc.) 20c. TIME OF HOUR NORK 20c. PLACE OF INJURY (e.g., in or about home, part of the bidg., etc.) 20c. TIME OF TIME		NTS				\ <u>\$</u>										
20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) 21. I attended the deceased from 10-13-63 22. Date stated above, and to the best of my knowledge, from the causes stated. 22a. SIGNATURE 22b. ADDRESS 22c. DATE SIGNED 22b. ADDRESS 2400 Cherry 10-14-6 22b. ADDRESS 23d. LOCATION (City, town, or county) (State) 22c. DATE SIGNED 22b. ADDRESS 23d. LOCATION (City, town, or county) (State) 22d. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE		DWE				19.	WAS AUTOPSY PERFORMED?		DE HOMIC		Ob. DESCRIBE HO	W INJURY OCCURRE	D. (Enter nature :	of injury in	PART I or PART I	I of item 18.)
20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) 21. I attended the deceased from 10-13-63 22. Date stated above, and to the best of my knowledge, from the causes stated. 22a. SIGNATURE 22b. ADDRESS 22c. DATE SIGNED 22b. ADDRESS 2400 Cherry 10-14-6 22b. ADDRESS 23d. LOCATION (City, town, or county) (State) 22c. DATE SIGNED 22b. ADDRESS 23d. LOCATION (City, town, or county) (State) 22d. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	z	MEN				₹ 700	. TIME OF Hour	Month, Day, Year								
Death occurred et 10-13-63 10-13-63 10-13-63 10-13-63 10-13-63 10-13-63 10-13-63 10-13-63 10-13-63 10-13-63 10-13-63 10-13-63 10-13-63 10-14-6 10-14-6 10-14-6 10-14-6 10-14-6 10-14-6 10-16-63	¥ 22	۷				WED					, , , , , , , , , , , , , , , , , , ,		o Tocamon		COUNTÝ	STATE
226. SIGNATURE 226. SIGNATURE 226. SIGNATURE 226. DATE SIGNED 226. DATE SIGNED 226. DATE SIGNED 227. DATE SIGNED 228. ADDRESS 229. ADDRESS 220. DATE SIGNED 220. DATE SIGNED 220. DATE SIGNED 221. DATE SIGNED 222. DATE SIGNED 223. BURIAL, CREMATION, 23b. DATE 233. BURIAL, CREMATION, 23b. DATE 234. FUNERAL DIRECTOR ADDRESS 225. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 226. DATE SIGNATURE 227. DATE SIGNATURE 228. DATE SIGNATURE 229. DATE SIGNATURE 220. DATE SIGNATURE 220. DATE SIGNATURE 220. DATE SIGNATURE 220. DATE SIGNATURE 221. DATE SIGNATURE 222. DATE SIGNATURE 223. DATE SIGNATURE 224. FUNERAL DIRECTOR ADDRESS 225. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	X IN				İ		WHILE AT WORK (D 20e. PLAC farm,	E OF INJURY factory, stre	f (e.g., in a et, affice b	r about home, ; ldg., etc.)	201. CITY, TOWN, C	IR LOCATION		COUNTY	31616
226. SIGNATURE 226. SIGNATURE 226. SIGNATURE 226. DATE SIGNED 226. DATE SIGNED 226. DATE SIGNED 227. DATE SIGNED 228. ADDRESS 229. ADDRESS 220. DATE SIGNED 220. DATE SIGNED 220. DATE SIGNED 221. DATE SIGNED 222. DATE SIGNED 223. BURIAL, CREMATION, 23b. DATE 233. BURIAL, CREMATION, 23b. DATE 234. FUNERAL DIRECTOR ADDRESS 225. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 226. DATE SIGNATURE 227. DATE SIGNATURE 228. DATE SIGNATURE 229. DATE SIGNATURE 220. DATE SIGNATURE 220. DATE SIGNATURE 220. DATE SIGNATURE 220. DATE SIGNATURE 221. DATE SIGNATURE 222. DATE SIGNATURE 223. DATE SIGNATURE 224. FUNERAL DIRECTOR ADDRESS 225. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	5 % H		9			L I		16	10-13-	63	. to	10-13-	3 last saw her	alive on	10-13-6	3
S BURIAL, CREMATION, 23b. DATE 220, NAME OF CHEMETERY OR CREMATION 25b. COLITION (City, Date, State) 25c. Co	BE.		D RE	11		F 1		eased troin			m on th				vledge, from the	causes stated.
S BURIAL CREMATION, 23b. DATE 22) NAME OF CHEMETERY OR CREMATION 25b. TOCHTOK (City, Date, Street, Date) 25c. Tochtok (City, Date, Street, Date, Street, Date) 25c. Tochtok (City, Date, Street, Date) 25c. Tochtok (City, Date, Street, Date, Stree	JSE FY		텇			r • I	. SIGNATURE	(De	gree Ctitle	9)	_	22b. ADDRESS				22c. DATE SIGNED
S BURIAL CREMATION, 23b. DATE 22) NAME OF CHEMETERY OR CREMATION 25b. TOCHTOK (City, Date, Street, Date) 25c. Tochtok (City, Date, Street, Date, Street, Date) 25c. Tochtok (City, Date, Street, Date) 25c. Tochtok (City, Date, Street, Date, Stree	U Š		띯			[ន្ត]	A	1								<u> </u>
	-		Ш	_ _	ا≩ل	54 v. 23a. BU	RIAL, CREMATION,	23b. DATE	23251	NAME OF	EMETERY OR CRE			(City, tow	n, or county)	(State)
			βļ	'	읦	B	MOVAL (Specify) Urial	10-16-63		Linc			Kansas (City,	Missouri	
Watkins Bros. Funeral Home 18th & Benton 10-15-63 (Bensel Smith			×			21 24. FL	NERAL DIRECTOR				1		REG. 26. REG	IISTRÁRÝS SI	GNATURE /	_
			11		<u>~</u>	Wati	kins Bros.	Funeral Hom	<u>e 18th</u>	& Be	nton 10	-15-63	(62	exa	I Sme	la

r by		, Student Embalmer No
orking under my pe	ersonal supervision.	
udent	- Student Embalance	Signed Bruce R. Wathers
Si	gnature of Student Embalmer	4/5-
		Licensed Embalmer No. 4500
		P. O. Address 18 Da & Bene

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

them are not a solution of a national entitle to

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.

्राट्रांट्रांज्यांक boa रहेते । 💛 😘 १८८ - १५०२